

Date of assessment:	
Assessment agency:	
Assessor/ Daily visit #:	
Unique Assessment ID: (Format: xxxxxx-xxx)	(date-assessor-visit)
EMERGENCY NEEDS	□NO □YES (see back)

SERVING • PROTECTING • EDUCATING		Daily visit #:								
MISSISSIPPI		ssessment ID:								
EMERGENCY SUPPORT FUNCT	(Format	: xxxxxx-xxx-xxx)	(date	-assessor-visit)						
DAMAGE ASSESSMENT FO	*EMERGE	NCY NEEDS*		YES (see back)						
1. DISASTER EVENT (NAME OR TYPE, AND DATE)										
2. OWNER/BUSINESS INFORMATION										
2a. NAME (Last, first, middle) or name of business										
2b. Permanent residence information (Street, city, state, zip code)	2c. Location of site assessment (if different) (Name, street, city, state, zip code)									
County: GPS location: Farm ID/FSA #:	_ long (°W) _ lat (°N)	County GPS lo	long (°W) lat (°N)							
USDA Premise Identification #:		USDA	Farm ID/FSA #:USDA Premise Identification #:							
2d. Telephone:		2e. Teleph (alternate):								
FAX number:		FAX nu	ımber:							
Cell phone:		Cell ph	one:							
Email:		Email:								
3. OWNER ASSURANCE By signing below, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.										
Signature of Person Named in 2a. ("Per" sign	nature not accepta	ble)			Date					
					1					
4. ANIMAL LOSSES	*No. dead	No. missing	No. injured	\$ Loss (estimate)	**No. diseased if clinical signs					
Cattle (beef)										
Cattle (dairy)										
Sheep										
Poultry (layers)										
Poultry (broilers)										
Turkeys										
Swine										
Aquaculture										
Other Livestock (identify)										
Dogs										
Cats										
Horses										
Other Animals (identify)										
*Please describe method of carcass d	isposal (buried	, incinerated, e	etc):							
** If yes, please describe signs or symptoms of infectious disease Neurological (# affected:) Gastrointestinal (# affected:) Other (describe)										

5. WILDLIFE INTERACTIONS										
5a. Have you experienced any wildlife interactions since this disaster? ☐NO ☐YES If yes, please list species and location and continue below:										
5b. If YES, was the wildlife activity normal or abnormal for the species? ☐NORMAL ☐ABNORMAL ☐NOT SURE										
5c. If ABNORMAL or UNSURE, please describe, including behavior, signs of illness, number involved, etc										
6. Chon Losses (EVCLUDING TIMPER)										
6. CROP LOSSES (EXCLUDING TIMBER)										
Crops affected (specify)		Acres planted		Acres damaged		Acres abandoned		Potential yield		
7. Infrastructure Lossi	-0									
			1		¢1000					
Farm Facilities	No. Damaged No.		No. D	estroyed \$ Loss (estimate)		Describe building		ig, structure, etc		
Dwellings										
Service buildings										
Structures										
Machinery										
Equipment										
Fencing Levees										
Other (specify)										
Other (specify)										
8. NEEDS										
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Commodity		Animal Needs			Animal Needs			Human Needs Emergence		
Medications		(Livestock)			(Companion Animal)		*(Report to Liaison)		Needs	
Veterinary supplies										
Veterinary assistance										
Housing/Sheltering										
Feed										
Water										
Fuel										
Power										
Other										
9. ADDITIONAL INFORMATION	DN N						<u> </u>		<u> </u>	
ASSESSOR: YOU MAY PE	ROVID	E ANY ADDITIO	NAL CON	MENTS OR	RELEVANT	INFORMATIC	N HERE.			